FEE CHANGES

Fees are effective through June 30, 2002. After that date, check the Copyright Office Website at www.loc.gov/copyright or call (202) 707-3000 for current fee information.

FORM PA				
For a Work of the Performing Arts				
LINITED STATES CODVDIGHT OFFICE				

REGISTRATION NUMBER

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	EFFECTIVE DATE OF REGISTRATION				-	
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	NATURE OF THIS WORK ▼ See instructions					
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	YEAR IN WHICH CREATION OF THIS _ DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK					
72 .	WORK WAS COMPLETED This	Day		N WORK		
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	COPYRIGHT CLAIMANT(S) Na	ame and address must be given even if the claimant is the same a	as APPLICATION F	RECEIVED		
	the author given in space 2. \blacktriangledown		W ONE DEPOSIT	DECENTED.		
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	space 2, give a brief statement of how	the claimant(s) obtained ownership of the copyright. $lacktriangle$	FUNDS RECEIV	/ED		

		EXAMINED BY	FORM PA
		CHECKED BY	
		CORRESPONDENCE	FOR
		Yes	COPYRIGHT OFFICE
			USE ONLY
	DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, U	USE A SEPARATE CONTINUATION SHEET.	
Yes No This is the This is the This is a c	REGISTRATION Has registration for this work, or for an earlier version of this If your answer is "Yes," why is another registration being sought? (Check approfirst published edition of a work previously registered in unpublished form. If it is application submitted by this author as copyright claimant. The hanged version of the work, as shown by space 6 on this application. If "Yes," give: Previous Registration Number ▼ Year of Reg	opriate box.) ▼ If your answer is "no," go to space 7.	5
	E WORK OR COMPILATION Complete both space 6a and 6b for a derivaterial Identify any preexisting work or works that this work is based on or incor		ac
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⁄Iaterial Adde	d to This Work Give a brief, general statement of the material that has been add	led to this work and in which copyright is claimed. ▼	See instructions before completing this space.
DEPOSIT A¢ Name ▼	CCOUNT If the registration fee is to be charged to a Deposit Account establish Account Nu		a 7
CORRESPO	NDENCE Give name and address to which correspondence about this applicat	tion should be sent. Name/Address/Apt/City/State/ZIP ▼	=
			D
Area code and da	ytime telephone number () Fax	x number ▶ ()	
CERTIFICAT	TION* I, the undersigned, hereby certify that I am the \Box author		
	Check only one ▶	nt claimant	Ŏ
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		Name of author or other copyright claimant, or owner of exclusive right(s) \blacktriangle	
Typed or print	ed name and date ▼ If this application gives a date of publication in space 3, do	not sign and submit it before that date.	
		Date	
Н	andwritten signature (X) ▼		_
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		YOU MUST:	
Certificate will be	Name ▼	Complete all necessary spaces Sign your application in space 8	_ 9
mailed in window	Number/Street/Apt ▼	SEND ALL 3 ELEMENTS IN THE SAME PACKAGE: 1. Application form	
envelope to this		Norrefundable filing fee in check order payable to <i>Register of Copyright</i> Deposit material	As of July 1, 1999, the filing fee for
address:	City/State/ZIP ▼	MAIL TO: Library of Congress Copyright Office 101 Independence Avenue, S.E. Washington, D.C. 20559-6000	Form PA is \$30.
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